

REQUIREMENTS, INFORMATION & INSTRUCTIONS - CHIROPRACTOR

Access this form via website at: www.hawaii.gov/dcca/pvl

Applicants are subject to **current** licensure requirements.

Hawaii does not have reciprocity agreements with any other state or country. All applicants must meet the licensing requirements of the Board of Chiropractic Examiners (Board) in accordance with Chapters 442 and 436B, HRS, and Chapter 76, HAR.

EDUCATIONAL REQUIREMENTS

Successfully completed a minimum of **sixty (60) semester hours** or equivalent, of college credit leading toward a baccalaureate degree at an institution(s) accredited at the college level by an accrediting body that is nationally recognized by the USDOE.

Graduated from a chiropractic college accredited by Council of Chiropractic Education, Straight Chiropractic Academic Standards Association (prior to 6/4/93), or other chiropractic school accrediting body recognized by the U.S. DOE. (Students who were matriculated in a degree granting chiropractic college prior to October 15, 1984 are exempt from showing successful completion of sixty (60) semester hours.)

Arrange to have **official TRANSCRIPTS** sent **directly** to the Board from the appropriate college(s)/university(ies). Have your chiropractic college complete the attached "Chiropractic College Certification" form (CHIR-07) and send it **directly** to the Board.

NBCE EXAMS

Each applicant for chiropractic licensure shall be required to **pass** the National Board of Chiropractic Examiners' (NBCE) examinations.

One of the following must be met:

1. Passed the NBCE Parts I, II, III, IV, and physiotherapy; **OR**
2. Passed the NBCE Parts I, II, III, physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if licensed under the laws of another state(s) **after December 31, 1988** and provided license(s) is (are) in good standing; **OR**
3. Passed the NBCE Parts I, II, physiotherapy, and SPEC; if licensed under the laws of another state(s) **prior to January 1, 1989** and license(s) is (are) in good standing.

Note: NBCE Exams are not administered in Hawaii at this time.

Arrange to have an **official RECORD OF SCORES** for applicable NBCE exams sent **directly** to the Board from the NBCE.

The address of the NBCE is:

National Board of Chiropractic Examiners
901 54th Avenue
Greeley, Colorado 80634
(970) 356-9100
www.nbce.org

LICENSE VERIFICATION

Have all jurisdictions where you hold or held a license at any time, complete the attached "*Verification of License*" form. This "*Verification*" form may be duplicated as needed. Allow at least 6 weeks for other jurisdictions to complete this form. Some jurisdictions charge a fee for verification service. Contact the appropriate licensing agency for information on their procedures and fees. The applicant is responsible for any fees incurred.

FEES

If applying for licensure between January 1, even-numbered year,
to December 31, even-numbered year, pay \$310
(Application fee - \$50*, License fee - \$75, CRF - \$110 second year of two-year
license period - \$75)

If applying for licensure between January 1, odd-numbered year,
to December 31, odd-numbered year, pay \$180
(Application fee - \$50*, License fee - \$75, CRF - \$55)

Attach check or money order made payable to COMMERCE & CONSUMER AFFAIRS.

* Application fee is not refundable.

** Subject to renewal on or before December 31, of each odd-numbered year, regardless of issue date.

**FEES
(Continued)**

Note: One of the requirements which must be met in order for a new license to be issued is the payment of fees in accordance with rules adopted pursuant to chapter 91, HRS. You may be sent a license certificate before the check you submitted clears the bank. If the check is returned to the DCCA unpaid, it will constitute a failure to pay the required licensing fee and the license certificate issued will not be valid and you shall not conduct business under that license. A \$15.00 service fee will be charged for checks which are not cleared and subsequently returned from the bank.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by the Hawaii Administrative Rules, Title 16, Chapter 201, and/or Hawaii Revised Statutes. You must submit a written request for a contested case hearing to the Board and must be made within sixty (60) days after your application for license is denied.

**BOARD'S
ADDRESS**

Mail required items to: Board of Chiropractic Examiners
DCCA, PVL Branch
P.O. Box 3469
Honolulu, HI 96801

Deliver to office location:
335 Merchant St., Room 301
Honolulu, HI 96813
Phone: (808) 586-3000

**LAWS
PUBLICATIONS**

It is the responsibility of each doctor of chiropractic to read and study the chiropractic laws Chapter 442, Hawaii Revised Statutes, and rules, Chapter 76, Hawaii Administrative Rules. A copy of the chiropractic laws and rules are available by submitting a written request to: Board of Chiropractic Examiners, Commerce & Consumer Affairs, P.O. Box 3469, Honolulu, HI 96801. Chapter 436B, Hawaii Revised Statutes, the Professional and Vocational Licensing Act should be read in conjunction with Chapter 442 and Chapter 76.

The laws and rules are posted on the Internet at: www.hawaii.gov/ddca/pvl. Click on "Chiropractor".

**ABANDONED
APPLICATIONS**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents or other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

**BIENNIAL
RENEWAL**

All licenses, regardless of issuance date, are subject to renewal on or before **December 31 of each ODD-numbered year**. Renewal fees and continuing education hours (no practice-building courses accepted) will be required. Failure to receive an application for license renewal is not an excuse not to renew. **The onus is on the individual D.C. to take the initiative to ensure licensure is maintained.**

**ADDRESS
CHANGES**

Changes must be reported to the Board in writing.

APPLICATION FOR LICENSE – CHIROPRACTOR

See requirements for license and instructions for filing before completing this form.
Type or print in dark ink.

Legal Name (First-Middle)		(LAST)	FOR BOARD USE ONLY	APPROVED Initials/date:	DENIED
Residence Address (include apt. number, city, state, and zip code)				Date Licensed:	License No.: DC-
Mailing Address (ONLY if different from above)					
Social Security No.	Phone No. (days)				
Other Names Used					

Circle answers and give details when required:

- 1) Are you at least 18 years old?YES NO
- 2) Are you a U.S. citizen, a U.S. national, or an alien authorized to work in the United States?YES NO
- 3a) Have you passed the NBCE Parts I, II, III, IV, and physiotherapy?YES NO
- b) Have you passed the NBCE Parts I, II, III physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if obtained license(s) in another state(s) after December 31, 1988 which is (are) unencumbered?YES NO
- c) Have you passed the NBCE Parts I, II, physiotherapy, and SPEC, if obtained license(s) in another state(s) prior to January 1, 1989 which is (are) unencumbered?YES NO
- d) **Are you requesting authorization to sit for the SPEC examination?**YES NO
- 4) Have you ever applied or held a license in Hawaii?YES NO
If so, when? _____ Lic. No. _____ Expiration Date _____
- 5) Are you licensed to practice chiropractic in any other jurisdiction? If yes, list jurisdictions below.YES NO
- 6) Has any license ever been suspended, revoked or otherwise subject to disciplinary action?YES NO
- 7) Are there any disciplinary actions pending against you?YES NO
- 8) In the past 20 years have you ever been convicted of a crime in which the conviction has not been annulled or expunged?YES NO

If response is "yes" to questions 6, 7, or 8, attach certified court documentation on the date, place, and violation of each conviction and fulfillment of conditions of each sentence or disciplinary action taken from the appropriate licensing agency. Other information and documents may be required in accordance with 436B, HRS.

EDUCATION	Name of School	Location (City/State)	Semester Hrs. Completed	Date Graduated (month/year)	Date Transcript Requested
	College/University				
	Chiropractic College				

LICENSES (use a separate sheet if more space is needed.)	Name of Jurisdiction	License No.	Date Issued	Date Verification Requested
	ORIGINAL STATE OF LICENSURE:			

Affidavit of Applicant:

I hereby certify that the statements, answers and representations made in this application and in the documents attached are true and correct. I understand that any misrepresentation is grounds for refusal to grant or subsequent revocation of license (Section 710-1017, Hawaii Revised Statutes). I further certify that I have read and will abide by the laws and rules of the Board of Chiropractic Examiners.

Date

Signature of Applicant

This material can be made available for individuals with special needs. please call the Licensing Branch Manager at (808) 586-3000 to submit your request.

App 075 \$50
License 077 \$75
CRF 078 \$55/\$110
½ Ren 070 \$75
Service Fee BCF \$15

BOARD OF CHIROPRACTIC (MEDICAL, ETC.) EXAMINERS

State Hawaii

Address P.O. Box 3469

Honolulu, Hawaii 96801

Phone (808) 586-3000

SCHOOL LOGO
ADDRESS

CHIROPRACTIC COLLEGE CERTIFICATION

A. CERTIFICATION OF PRE-CHIROPRACTIC EDUCATION

The admissions requirements are established in cooperation with the United States Council on Chiropractic Education (CCE).

The candidate for admission must be a high school graduate (or present evidence of equivalency) and have completed at least 60 semester hours (or 90 quarter hours) leading to a baccalaureate degree. Pre-chiropractic credits must be earned at institutions listed in the United States Department of Education Higher Education Directory, unless described below:

COMMENTS:

B. CERTIFICATION OF CHIROPRACTIC EDUCATION

I certify that _____ entered _____ on the _____ day of _____, _____ and graduated on the _____ day of _____, _____ (year) receiving the degree Doctor of Chiropractic. S/he completed _____ school terms of _____ months each, totaling _____ hours of minutes each which includes transfer hours. The classroom and laboratory instruction in subjects and hours attended and completed are certified by the attachment of official chiropractic college transcripts.

_____ Chiropractic College has professional accreditation by the United States Council on Chiropractic Education, granted on _____.

I hereby certify, by penalty of perjury, that the foregoing is true and correct.

Signature _____ Date _____

Typed or printed name and title _____

College Name _____

City _____ State _____

College Seal

*****This document is null and void unless received directly from the chiropractic institution named above.*****

VERIFICATION OF LICENSE - CHIROPRACTOR

Access this form via website at: www.hawaii.gov/dcca/pvl

APPLICANT: Complete Applicant section and mail to all jurisdictions where you hold or held a license at any time. Contact the appropriate licensing agency for information on their procedures and fees.

APPLICANT	Name (First-Middle)	(LAST)	Other names used (include maiden name)	
	Address (Include Apt. No., City, State and Zip Code)		Social Security No.	
			License Number	Date Issued
	I hereby authorize the licensing agency of the State of _____ to furnish the information below to the State of Hawaii Board of Chiropractic Examiners. Date _____ SIGN HERE _____			

LICENSING AGENCY	This is to certify that the above-named individual was issued license number _____	
	Date issued: _____	
	Date license expires: _____	
	License status: <input type="checkbox"/> current <input type="checkbox"/> lapsed since: _____ <input type="checkbox"/> inactive since: _____	
	Has this license ever been encumbered in any way (revoked, suspended, surrendered, limited, placed on probation, currently pending disciplinary action, being investigated)? <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <input type="checkbox"/> NO <input type="checkbox"/> YES (Explain a yes response and attach copy of Board's final order) </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Signature: _____ Title: _____ State: _____ Date: _____ </div> <div style="width: 50%; text-align: center;"> <p><i>BOARD SEAL</i> (If none, state "none")</p> </div> </div>		

TO THE BOARD: Return this form directly to: **Hawaii Board of Chiropractic Examiners
DCCA, PVL Licensing Branch
P.O. Box 3469
Honolulu, HI 96801**

CHECKLIST OF REQUIREMENTS

Education

1. _____ Completed 60 semester hours (equivalent) of college credit leading toward a baccalaureate degree at accredited college/university.
2. _____ Graduated from an accredited chiropractic college:
_____ Accredited by Council of Chiropractic Education
_____ Accredited by Straight Chiropractic Academic Standards Association prior to June 4, 1993.
_____ Other accrediting body recognized by the USDOE.
3. _____ Transcripts directly from school where 60 semester hours or 90 quarter hours completed successfully.
4. _____ Transcripts directly from chiropractic school where obtained doctor of chiropractic.
5. _____ Chiropractic College Certification.

NBCE Exams

1. _____ Passed the NBCE Parts I, II, III, IV, and physiotherapy; OR
2. _____ Passed the NBCE Parts I, II, III, physiotherapy, and Special Purpose Examination for Chiropractic (SPEC); if obtained license(s) in another state(s) after December 31, 1988 which is (are) unencumbered; OR
3. _____ Passed the NBCE Parts I, II, physiotherapy, and SPEC, if obtained license(s) in another state(s) prior to January 1, 1989 which is (are) unencumbered.

Out-of-State License Verification

1. _____ Verification of License form from original state of licensure.
2. _____ Verification of License forms from all states licensed in.

Fees

1. _____ Application Fee \$50
2. _____ License Fee \$260/\$130

Notes